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FEC FORM 2

STATEMENT OF CANDIDACY

1.	(a) Name of Candidate (in full)						
	COTTON, THOMAS, , ,						
	(b) Address (number and street) 2226 COTTONDALE LN SUITE 200		heck if addre	ss changed		Candidate's FEC Identification Number S4AR00103	
	(c) City, State, and ZIP Code					3. Is This New Amended	
	LITTLE ROCK		AF	7220	2	Statement (N) OR (A)	
4.	Party Affiliation	5. Office Soug	ıht		6. State & Dist	rict of Candidate	
	REPUBLICAN PARTY	Senate			AR	00	
	DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE						
7.	I hereby designate the following nar	med political co	mmittee as n	ny Principal	Campaign Comr	nittee for the $\frac{2020}{\text{(year of election)}}$ election(s).	
	NOTE: This designation should be f	iled with the ap	propriate offi	ce listed in t	he instructions.		
	(a) Name of Committee (in full) COTTON FOR SEN	IATE, INC) .				
	(b) Address (number and street)						
	2226 COTTONDALE LN						
	SUITE 200						
	(c) City, State, and ZIP Code						
	LITTLE ROCK				AR	72202	
	DE				THORIZED ag Representativ	COMMITTEES es)	
8.	I hereby authorize the following name candidacy.	ned committee	which is NO	T my princip	al campaign con	nmittee, to receive and expend funds on behalf of my	
	NOTE: This designation should be f	iled with the pr	ncipal campa	aign committ	ee.		
	(a) Name of Committee (in full)						
	COTTON VICTORY	/					
	(b) Address (number and street) 901 N WASHINGTON STREE	T					
		.1					
	SUITE 700						
	(c) City, State, and ZIP Code						
	ALEXANDRIA				VA	22314	
	I certify that I have exa	mined this Sta	tement and to	the best of	my knowledge a	and belief it is true, correct and complete.	
Si	gnature of Candidate					Date	
Ca	otton, Tom, , ,			CT I		08/25/2020	
				[Elec	tronically Filed]	00/20/2020	
NC	OTE: Submission of false, erroneous,	, or incomplete	information n	nay subject t	he person signir	ng this Statement to penalties of 2 U.S.C. §437g.	
NC	DTE: Submission of false, erroneous,	, or incomplete	information n	nay subject t	he person signir	ng this Statement to penalties of 2 U.S.C. §437g.	
NO	DTE: Submission of false, erroneous,	, or incomplete	information n	nay subject t	he person signir	ng this Statement to penalties of 2 U.S.C. §437g.	

FEC FORM 2 (REV. 02/2009)

FEC Form 2S (Revised 02/2017)

Optional Supplemental Page for Designation of Additional Authorized Committees

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DESIGNATION OF OTHER AUTHORIZED COMMITTEES

(Includina	Joint	Fundraising	Ren	resentativ	es)

	I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. NOTE : This designation should be filed with the principal campaign committee.						
	(a) Name of Committee (in full)						
	DEFEND THE SENATE						
	(b) Address (number and street) 228 S WASHINGTON STREET SUITE 115						
	(c) City, State, and ZIP Code						
	ALEXANDRIA	VA	22314				
8.	I hereby authorize the following named committee, which is N candidacy. NOTE : This designation should be filed with the p			/			
	(a) Name of Committee (in full) THE VICTORY CLUB						
	(b) Address (number and street) PO BOX 60148			_			
	(c) City, State, and ZIP Code			-			
	WASHINGTON	DC	20039				
8.	I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. NOTE: This designation should be filed with the principal campaign committee. (a) Name of Committee (in full) ARKANSAS SENATE REPUBLICAN NOMINEE FUND - TOM COTTON						
	candidacy. NOTE : This designation should be filed with the p (a) Name of Committee (in full)	rincipal campaign committe	e.	_			
	candidacy. NOTE : This designation should be filed with the p (a) Name of Committee (in full)	rincipal campaign committe	e.	/ _ _			
	candidacy. NOTE: This designation should be filed with the p (a) Name of Committee (in full) ARKANSAS SENATE REPUBLICAN N (b) Address (number and street)	rincipal campaign committe	e.	/ - -			
	candidacy. NOTE: This designation should be filed with the p (a) Name of Committee (in full) ARKANSAS SENATE REPUBLICAN N (b) Address (number and street) PO BOX 60148	rincipal campaign committe	e.	/ _ _			
	candidacy. NOTE: This designation should be filed with the p (a) Name of Committee (in full) ARKANSAS SENATE REPUBLICAN N (b) Address (number and street) PO BOX 60148 (c) City, State, and ZIP Code	NOMINEE FUND - DC OT my principal campaign	TOM COTTON 20039 committee, to receive and expend funds on behalf of my	_			
	candidacy. NOTE: This designation should be filed with the p (a) Name of Committee (in full) ARKANSAS SENATE REPUBLICAN N (b) Address (number and street) PO BOX 60148 (c) City, State, and ZIP Code WASHINGTON I hereby authorize the following named committee, which is N	NOMINEE FUND - DC OT my principal campaign	TOM COTTON 20039 committee, to receive and expend funds on behalf of my	_			
	candidacy. NOTE: This designation should be filed with the p (a) Name of Committee (in full) ARKANSAS SENATE REPUBLICAN N (b) Address (number and street) PO BOX 60148 (c) City, State, and ZIP Code WASHINGTON I hereby authorize the following named committee, which is N candidacy. NOTE: This designation should be filed with the p	NOMINEE FUND - DC OT my principal campaign	TOM COTTON 20039 committee, to receive and expend funds on behalf of my	_			
	candidacy. NOTE: This designation should be filed with the p (a) Name of Committee (in full) ARKANSAS SENATE REPUBLICAN N (b) Address (number and street) PO BOX 60148 (c) City, State, and ZIP Code WASHINGTON I hereby authorize the following named committee, which is N candidacy. NOTE: This designation should be filed with the p (a) Name of Committee (in full)	NOMINEE FUND - DC OT my principal campaign	TOM COTTON 20039 committee, to receive and expend funds on behalf of my	_			
	candidacy. NOTE: This designation should be filed with the p (a) Name of Committee (in full) ARKANSAS SENATE REPUBLICAN N (b) Address (number and street) PO BOX 60148 (c) City, State, and ZIP Code WASHINGTON I hereby authorize the following named committee, which is N candidacy. NOTE: This designation should be filed with the p (a) Name of Committee (in full) THE FOUNDERS COMMITTEE	NOMINEE FUND - DC OT my principal campaign	TOM COTTON 20039 committee, to receive and expend funds on behalf of my	_			
	candidacy. NOTE: This designation should be filed with the p (a) Name of Committee (in full) ARKANSAS SENATE REPUBLICAN N (b) Address (number and street) PO BOX 60148 (c) City, State, and ZIP Code WASHINGTON I hereby authorize the following named committee, which is N candidacy. NOTE: This designation should be filed with the p (a) Name of Committee (in full) THE FOUNDERS COMMITTEE (b) Address (number and street) 1305 W 11TH ST	NOMINEE FUND - DC OT my principal campaign	TOM COTTON 20039 committee, to receive and expend funds on behalf of my	_			